

CECAL SEESAW, A RARE CASE OF CECAL VOLVULUS: A CASE REPORT

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INTRODUCTION

Cecal volvulus is rare, affecting 2–7 per million people per year. It is a life-threatening condition, as it will cause bowel strangulation. The rotation occurs in mesentericoaxial rotation, where the cecum folds on itself, which is an unusual form of volvulus, affecting 5-20% of all cecal volvulus cases.

CASE REPORT

A 65-year-old woman presented with abdominal distension with non-bilious vomiting for 4 days. She was bed-bound for one month due to a left neck femur fracture. She had no bowel opening for 4 days; however, there was no abdominal pain. Clinical examination demonstrated a grossly distended abdomen with hypokinetic bowel sounds on auscultation. Ryles tubes inserted noted 2 liters of gastric content. Abdominal x-rays showed dilated large and small bowels, with the cecum having the largest diameter of 9 cm. Computed tomography of the abdomen revealed jejunal dilatation with abrupt collapse at the ileum, the cecum is prominent, measuring 8.2cm.

She underwent an emergency laparotomy and intraoperatively show the cecum was dilated to 11 cm with no torsion of the colon or twisted mesentery. Both the cecum and appendix were displaced superiorly and anteriorly over the ascending colon located beneath the umbilicus. Cecum was mobilized, and bowel content was decompressed through an appendectomy wound. A decision was made to perform cecopexy in view of the fact that there was no vascular compromise to the bowel. Postoperatively, recovery was uneventful, and she was discharged home after 10 days of surgery.

DISCUSSION AND CONCLUSION

Previous case reports suggested that incomplete fusion of right colon mesentery to the retroperitoneum during embryogenesis results in increased cecal mobility. Other factors predisposed, such as previous abdominal surgery, ileus and chronic constipation. It remains a diagnosis challenged, as it appear to have similar clinical manifestations of small bowel obstruction with the absence of abdominal pain. Abdominal x-ray shows small bowel dilatation and marked dilatation of cecum. Without high clinical suspicion, the x-ray may be misinterpreted and further delaying diagnosis.

The cecal bascule must be considered as a differential diagnosis in cases of intestinal obstruction, especially in elderly and immobilized patients. A CT scan may not be a useful modality for achieving a diagnosis. Early diagnosis and prompt intervention will prevent morbid complications such as sepsis and cecal perforation.

